

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER

01-19

2. STATE:

ILLINOIS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☐
AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT

a. FFY '01 \$ 0
b. FFY '02 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Page 16(D) and Attachment 3.1-B Page 16(D)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A Page 16(D) and Attachment 3.1-B Page 16(D)

10. SUBJECT OF AMENDMENT:

Rehabilitation Option - Outpatient

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Not submitted for review by prior
approval.

12. SIGNATURE OF AGENCY OFFICIAL:

13. TYPED NAME: **Jackie Garner**

14. TITLE: **DIRECTOR**

15. DATE SUBMITTED

16. RETURN TO:

**ILLINOIS DEPARTMENT OF PUBLIC AID
201 SOUTH GRAND AVENUE, EAST
SPRINGFIELD, IL. 62763-0001
ATTENTION: Dawn Claborn**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **9/4/01**

18. DATE APPROVED: **9/25/01**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

21. TYPED NAME **Cheryl A. Harris**

20. SIGNATURE OF REGIONAL OFFICIAL: 

22. TITLE: **Associate Regional Administrator
Division of Medicaid and Children's Health**

23. REMARKS:

RECEIVED

SEP 04 2001

State ILLINOIS

7/93 Special rehabilitation services include the following:

- 1) Speech, Language and Hearing: These are services for individuals with speech, language and hearing disorders. The services are provided by or under the direction of a speech pathologist or audiologist, as the result of a referral by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under law as defined in 42 CFR 440.110(c). These services mean evaluations to determine an individual's need for these services and recommendations for a course of treatment; and treatments to an individual with a diagnosed speech, language or hearing disorder adversely affecting the functioning of the individual.
- 2) Occupational Therapy: These services are prescribed by a physician and provided by or under the direction of a qualified occupational therapist as defined in 42 CFR 440.110(b). These services mean evaluations of problems interfering with an individual's functional performance and therapies which are rehabilitative, active or restorative, and designed to correct or compensate for a medical problem interfering with age appropriate functional performance.
- 3) Physical Therapy: These services are prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under law and provided by or under the direction of a qualified physical therapist as defined in 42 CFR 440.110(a). These services mean evaluations to determine an individual's need for physical therapy and therapies which are rehabilitative, active or restorative, and designed to correct or compensate for a medical problem.
- 4) Nursing: These services are performed by a Registered Nurse within the scope of his/her practice relevant to the medical and rehabilitative needs of the individual. Services include medication administration/monitoring, catheterization, tube feeding, suctioning, screening and referral for health needs and explanations of treatments, therapies, and physical or mental conditions with family or other professional staff.

- =1/95
- 5) Medical Services: These services are provided by a physician licensed to practice medicine in all its branches for the purpose of evaluation, testing, diagnosis and consultative services with the individual. Services include diagnostic, evaluative and consultative services for the purposes of identifying or determining the nature and extent of an individual's medical or other health-related condition.

TN No. 01-19

Approval Date 07-01-01

Effective Date 07-01-01

Supersedes

TN No. 95-05

State ILLINOIS

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TN No. 01-19

Approval Date SEP 25 2001

Effective Date 07-01-01

Supersedes

TN No. 95-05



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Region V
Health Care Financing
Administration

Refer to: IIO2

233 North Michigan Avenue
Suite 600
Chicago, Illinois 60601-5519

SEP 21 2001

Ms. Jackie Garner
Director
Illinois Department of Public Aid
Prescott E. Bloom Building
201 South Grand Avenue East
Springfield, Illinois 62763-0001

ATTN: John Rupcich

Dear Ms. Garner:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #01-019 Rehabilitation Option - Outpatient --Effective July 1, 2001

If you have any additional questions, please have a member of your staff contact
Vera Drivalas at (312) 886-0792.

Sincerely,

Cheryl A. Harris
Associate Regional Administrator
Division of Medicaid & Children's Health

Enclosure

cc: Matt Powers, Administrator
Medical Programs

bcc: EWeisman/CO, LPeltz/CO, Reading File - DMCH/IIOB/IIO2 Filecode S-5-01 DOC
il01-019app 9/18/01

Office	Surname	Date	Office	Surname	Date	Office	Surname	Date
IIOB	Quist	9/18/01						
IIOB	Quando	9/18/01						
	Chen	9/25/01						

FILE
COPY

The Health Care Financing Administration (HCFA) was renamed to the Centers for Medicare & Medicaid Services (CMS).